

# UTILITY PATENT APPLICATION TRANSMITTAL

(For new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

VU60111

First Named Inventor

Remi M. PALMANTIER

**"EXPRESS MAIL CERTIFICATE"**"EXPRESS MAIL" MAILING LABEL NUMBER **EV332943707US** DATE OF DEPOSIT: **April 1, 2004**

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10/816476

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APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		7. <input checked="" type="checkbox"/> The Title of the Invention: <b>VACCINES</b>
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. <u>19-2570</u> <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i>		8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input checked="" type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) c. <input checked="" type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))
2. <input checked="" type="checkbox"/> The total fee is calculated as shown below: Basic Filing fee \$770.00 Total Claims 20 - 20 = 0 x \$18 \$ 0.00 Independent Claims 5 - 3 = 2 x \$86 \$172.00 <input type="checkbox"/> Multiple Dependent Claim present. \$290 <b>TOTAL FILING FEE \$942.00</b> <input type="checkbox"/> Cancel in this application original claims to _____ of the prior application before calculating the filing fee. <input checked="" type="checkbox"/> Charge <b>\$770.00</b> to the above indicated Deposit Account.		9. <input type="checkbox"/> <b>ACCOMPANYING APPLICATION PARTS</b> a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input type="checkbox"/> PTO-1449 c. <input type="checkbox"/> Copies of all IDS Citations 10. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 11. <input type="checkbox"/> Prior Application is Assigned to: _____ <i>(for continuation/divisional with Box 17a completed)</i>
3a. <input checked="" type="checkbox"/> Specification excluding Drawings [Total Pages] <u>106</u> 3b. <input checked="" type="checkbox"/> Abstract on a separate sheet [Total Pages] <u>1</u>		12. <input type="checkbox"/> Preliminary Amendment [Total Pages]
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] <u>5</u>		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
5. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] <u>3</u> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17a completed)</i> c. <input checked="" type="checkbox"/> Unsigned Declaration <i>[Note Box 6 below]</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. _____ filed _____ A PTO-1449 listing the references is enclosed. 16. <input type="checkbox"/> Other: _____
6. <input checked="" type="checkbox"/> Incorporation By Reference <i>(useable if Box 5b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		

17. <input checked="" type="checkbox"/> Priority Information, check appropriate box and supply the requisite information
a. The accompanying application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 0 filed 0.
b. <input checked="" type="checkbox"/> Benefit is claimed under Title 35, United States Code, Section 119(e) of the following Provisional Applications: Application No. <u>60/460733</u> filed <u>April 4, 2003</u> .
c. <b>** Add claim to priority via Preliminary Amendment.</b>

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